## LDH-OPH Laboratory Test Request Form MYCOBACTERIOLOGY

BOLD PRINT INDICAT	TES REQUIRED INFORMATION. IN	NCOMPLETE INF	FORMATION MAY CAU	JSE SPECIMEN REJECTION.
	Last Name:		Middle Init	ial: Date of Birth:
Address:			City:	
State: Zipco	de: Parish:			
Patient II	O Number or Second Identifier  (Affix Label)  (Affix Label o	r Enter Number/la		ber or Second Identifier
Specimen Information Fo.	r test information, see www.dhh.la.	gov/lab or email	questions to oph.public	healthlab@la.gov
Date of Collection:	/ / Tin	ne of Collection:	:	
Test Requested:		Spe	cimen Source:	Submitted On (Isolates only):
AFB Smear Only	AFB Isolate Ider		Sputum	LJ
AFB Smear and Culture	AFB Susceptibil	ity	BAL	MGIT Broth
*TB NAAT			Other	Other
(*Requires preauthorization Laboratory: 225-219-5253)			Specify	Specify Inoculation Date:
Object on Date		- 1. Same and the Colonian	to d	
Shipping Date:  Reason for Examination:	Direct specimen must be Patient Type: An	snippea retrigera tibiotics (name i		
Diagnosis	New Suspect	None	гаррисаыс).	
	Known Active Case	Recent		
Follow-up		Current		
Month of follow-up	Contact	Current		
Submitter Information If y	ou know your StarLims Facility Iden	ntification Number	r, enter it here.	
Facility Name:			Optio	onal - Facility Stamp
Facility Address:				
		<del></del> [		
		<del></del> [		
		<del></del> [		
Contact Person:  Phone/Fax:		<del></del> [		
	/			
Ship S	Specimens to LDH-OPH Central La	ab, 1209 Leesvil	le Avenue, Baton Rou	ge, LA 70802
LABORATORY NUMBE	TO BE COMPLETE R:TE	D BY STATE I	LABORATORY	DATE/TIME RECEIVED: